

ations :

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heart

Patient selection for anticoagulant therapy in coronary

disease.

Udall JA.

Postgrad Med. 1976 Aug;60(2):65-9.

myocardial infarction
fairly safe.

Short-term anticoagulant therapy given after an acute

is directed toward preventing thromboembolism and is

thrombosis in selected
an appreciable
short-term therapy should be
thromboembolism.

Long-term anticoagulant therapy prevents coronary
patients with coronary heart disease (CHD), but carries
risk of hemorrhage. A decision for or against

the major determinant
The most important
long-term anticoagulant
observed among patients

based on an assessment of the immediate risk of

Similarly, the risk of coronary thrombosis should be
in a decision for or against long-term anticoagulation.

information emerging from the clinical trials of
therapy in CHD concerns the significant benefit
with advanced disease.

Publication Types:

Review

MeSH Terms:

Acute Disease
Adult
Aged

Anticoagulants/adverse effects/*therapeutic use
Arrhythmia/etiology
California
Chronic Disease
Coronary Disease/*drug therapy/prevention &
control
Heart Failure, Congestive/etiology
Hemorrhage/chemically induced
Human
Male
Middle Age
Myocardial Infarction/complications
Thromboembolism/mortality/prevention & control
Time Factors

Substances:

0 (Anticoagulants)

PMID: 781648 [PubMed - indexed for MEDLINE]

plasma-fibrinogen and thromboemboli after myocardial infarction.

Fulton RM, Duckett K.

Lancet. 1976 Nov 27; 2(7996):1161-4.

In 120 patients with myocardial infarction subsequent thromboemboli occurred only in patients in whom plasma-fibrinogen had exceeded 750 mg/dl. It is suggested that patients at risk from thromboembolism after infarction can be identified by monitoring plasma-fibrinogen and that appropriate anticoagulation might reduce morbidity.

MeSH Terms:

Adult

Aged

Aspartate Aminotransferases/blood

Circadian Rhythm

Creatine Kinase/blood

Female

Fibrinogen/*analysis

Human

Lactate Dehydrogenase/blood

Male

Middle Age

Myocardial

Infarction/*blood/complications/enzymology

Thromboembolism/epidemiology/*etiology

Time Factors

Substances:

9001-32-5 (Fibrinogen)

EC 1.1.1.27 (Lactate Dehydrogenase)

EC 2.6.1.1 (Aspartate Aminotransferases)

EC 2.7.3.2 (Creatine Kinase)

PMID: 62994 [PubMed - indexed for MEDLINE]

Identifying patients at risk for thromboembolism. Use of
125I-labeled fibrinogen in patients with acute
myocardial infarction.

Cristal N, Stern J, Ronen M, Silverman C, Ho W, Bartov
E.

JAMA. 1976 Dec 13;236(24):2755-7.

deep vein
convalescence
assessed and scored
According to the
two groups. Of 27
only one patient,
of eight patients
Prophylactic

Fibrinogen labeled with iodine 125 was used to detect thrombosis (DVT) in 35 patients during their course and from acute myocardial infarction. Clinical status was assessed with the use of a modified coronary prognostic index. Prognostic scores, patients were allocated to one of two groups. Of 27 patients in good clinical condition, DVT developed in only one patient, whereas thromboembolic complications occurred in seven of eight patients who were severely ill--a highly significant difference. Prophylactic anticoagulation is advisable in patients at risk.

MeSH Terms:

Acute Disease
Female
Fibrinogen/*diagnostic use
Human
Iodine Radioisotopes/*diagnostic use
Male
Myocardial Infarction/*complications
Risk
Thromboembolism/etiology/*prevention & control
Thrombophlebitis/diagnosis/epidemiology/etiology

Substances:

0 (Iodine Radioisotopes)
9001-32-5 (Fibrinogen)

PMID: 1036567 [PubMed - indexed for MEDLINE]